

APPROVAL INFORMATION

The Following Records Of:

Name of School: _____

Address: _____

Telephone Number: _____

<u>Program Title</u>	<u>Total Clock Hours</u>	<u>Hours of Instruction* Per Week</u>	<u>M</u>	<u>T</u>	<u>W</u>	<u>TH</u>	<u>F</u>	<u>Sat</u>	<u>Sun</u>	<u>Hours in Classroom</u>	<u>Hours in Lab</u>	<u>Hours of Work Exp.</u>	<u>Number of Teachers</u>	<u>Enrollment Limitation</u>	<u>Name(s) of Credential(s) Awarded</u>
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(EXAMPLE)

Massage Therapy	600	30	6	6	6	6	6			10	20		1	20	
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CURRICULUM

If not contained in the catalog, attach a course outline for each program for which approval is requested. Show subjects or units in the program, type of work, or skills to be learned, and time in clock hours or credit hours to be spent on each subject or unit.

***NOTE:** The word "instruction" shall mean actual class or shop time, exclusive of intermissions, lunch breaks, holidays and vacations.

Are lengths of the course and program content the same as that of courses being pursued by non-veterans?

☐ YES

☐ NO